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For action

Recommendation for funding for the short-duration country programme**

Democratic Republic of the Congo

Summary

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme for the Democratic Republic of the Congo of three years that supports activities where the country programme is under preparation. The Executive Director *recommends* that the Executive Board approve an amount of $46,030,000 from general resources, subject to the availability of funds, and an amount of $19,500,000, subject to the availability of specific-purpose contributions, for the period 2000–2002.

* E/ICEF/1998/15.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1998. They will be contained in the "Summary of 1999 recommendations for general resources and supplementary funding programmes" (E/ICEF/1999/P/L.16).

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Basic data

(1997 unless otherwise stated)	
Child population (millions, 0–18 years)	25.9
U5MR (per 1,000 live births)	207
IMR (per 1,000 live births)	128
Underweight (% moderate and severe) (1995)	34
Maternal mortality rate (per 100,000 live births)	..
Literacy (% male/female) (1995)	87/68
Primary school enrolment (% net, male/female) (1994)	71/50
Primary school children reaching grade 5 (%) (1994)	64
Access to safe water (%) (1995)	42
Government-financed EPI vaccines (%)	..
GNP per capita (US$)	110
One-year-olds fully immunized against (1996):	
tuberculosis	91 per cent
diphtheria/pertussis/tetanus	71 per cent
measles	63 per cent
poliomyelitis	73 per cent
Pregnant women immunized against tetanus:	80 per cent

The situation of children and women

1. For the past two decades, the population of the Democratic Republic of the Congo has been living in a situation of chronic silent emergency. The two acute crises that have shaken the country for the past three years have fundamentally altered its socio-economic and political fabric. The process of national reconstruction which began in May 1997 was interrupted in August 1998 by a new armed conflict whose development is difficult to foresee as this report is being prepared. The country has since fallen into a deep slump which has been aggravated by the constant destruction of basic services. Once peace is restored, the process of recovery and rehabilitation is likely to be long and arduous, given the country's large geographical size, the diversity of its problems and the immensity of the basic social needs to be met. Moreover, serious violations of the basic rights of children and women point up the need to strengthen special protection measures. The breadth of the socio-economic and political crisis, inter-ethnic tensions and the resulting population displacements suggest that emergency conditions will persist.

2. In response to the chronic emergency, civil society had managed to develop survival mechanisms to alleviate the problems of daily life. This ability to adapt has not withstood the two recent armed conflicts, so that increasingly the population has found itself in highly precarious conditions that increase the vulnerability of children and of women. As early as 1995, when the country was experiencing negative economic growth and galloping inflation, the latest national survey of the situation of women and children showed disturbing figures and trends for all social indicators measured. Recent events have doubtless had a negative effect on the infant and under-five mortality rates (respectively estimated at 128 and 207 per 1,000 live births in 1995).

3. Malaria, diarrhoeal illnesses and acute respiratory infections continue to be the principal causes of mortality and morbidity among children. Minimal care is provided only in certain health-care facilities receiving support from non-governmental organizations (NGOs) or charitable networks. Moreover, the fact that users must bear most of the financial burden of health-care services leads to serious disparities in access to such services as purchasing power declines.

4. Immunization coverage, already in free fall between 1991 and 1995 (the rate of immunization against tuberculosis fell from 67 per cent to 46 per cent, while the rate for three doses of combined diphtheria/pertussis/tetanus vaccine fell

from 35 per cent to 26 per cent), continued its downward trend, except for poliomyelitis, for which immunization campaigns were conducted in 1996, 1997 and 1998. Numerous epidemics of measles, meningitis and even poliomyelitis have been recorded in recent years. The resurgence of epidemic water-borne diseases (such as cholera and dysentery) has been facilitated by the destruction or malfunctioning of water-supply facilities and by the persistence of poor personal hygiene. Rapes of women during military operations have probably aggravated the spread of HIV/AIDS and sexually transmitted diseases (STDs), which had already reached disturbing proportions, especially in urban areas and among girls 12 to 19 years of age.

5. The slow and progressive deterioration of living conditions is also reflected in the lowering of children's nutritional status: 42 per cent of children under five years of age suffer from growth retardation (52 per cent in rural areas), and 34 per cent of children in that age group are moderately or severely underweight.

6. The States' disengagement from the education sector (70 per cent of all schools are now run by churches and the private sector), the impoverishment of the population and the deterioration of the infrastructure have lead to a qualitative and quantitative deterioration in basic education. School enrolment has declined by 20 per cent since 1978. Parents must pay almost all costs involved in educating their children, including teachers' salaries.

7. The increasing precariousness of living conditions has contributed to the dislocation of families, who can no longer fully protect their children or meet their physical or psycho-social needs, and has engendered a rupture at the very core of society. The most recent armed conflict has swelled the numbers of vulnerable children. Many are the victims of physical violence or have been traumatized by the brutality to which their families were subjected. Thousands of children have been recruited into armed groups, and the situation of street children has grown even worse. Many survive by performing arduous, dangerous or unhealthy work, particularly in the mines. The scarcity of income sources and the inability of families to meet basic needs have increased the risks faced by young girls in urban areas, who are increasingly turning to prostitution.

Programme of cooperation, 1998–1999

8. Owing to the succession of emergencies, the programme of cooperation has taken the form of short programming cycles. The most recent programme, covering the period 1998–1999, sought to protect highly vulnerable children, revitalize and rehabilitate basic services and promote the implementation of the Convention on the Rights of the Child and of the Convention on the Elimination of All Forms of Discrimination against Women in the process of national reconstruction.

9. Implementation of this programme was seriously undermined by the renewed outbreak of war in August 1998, with the consequent temporary suspension of regular programme activities in many provinces and the near-paralysis of activities in the eastern part of the country for seven months. Nevertheless, emergency activities funded through the United Nations Consolidated Inter-Agency Appeal were undertaken during this period. These consisted mainly of the rehabilitation of 21 health centres and the re-equipment of 13 hospitals and 259 health centres serving a population of 2 million inhabitants; the re-equipment of 50 schools in Bas-Congo; the provision of assistance to 85,000 refugees and displaced persons in Katanga, Bandundu and Bas-Congo provinces; and the provision of humanitarian assistance in the occupied eastern provinces. Prior to the outbreak of hostilities, a national council on children, a national women's council and provisional councils to coordinate the implementation of the two Conventions were established under the regular programme.

10. With regard to the eradication of poliomyelitis, 5 million children under the age of five in accessible areas were immunized and given vitamin A supplements between December 1998 and March 1999. The organization of "quiet days" should make it possible to immunize all 10 million children under the age of five in 1999. At the same time, routine immunization has been established and five health zones have been revitalized.

11. The goal of rehabilitating 250 primary schools by renovating buildings, training 2,300 teachers and providing support in the form of textbooks, materials and school supplies was achieved in 1998–1999. The preparatory phase of the lifelong education project was completed and implementation of the training component began.

12. The programme for children in need of special protection measures was initiated on the basis of a concerted and complementary approach, with all partners participating

in projects targeting child soldiers, children working in mines and street children.

Lessons learned from recent cooperation

13. The combination of the inaccessibility of certain areas, the limited capacity of the Government's partners owing mainly to the lack of an operating budget and clear national policies as well as to the irregular payment of salaries, the looting of UNICEF offices and the temporary evacuation of part of the staff have hampered the implementation of all programmes. In addition, the assumption by UNICEF of full responsibility for logistical costs, especially those relating to air transport to project sites, has resulted in particularly high unit costs.

14. Programme implementation and coordination were notably improved by the resumption, after a 10-year interruption, of the process of joint planning and project review with the Government.

15. During the fighting in Kinshasa and Bas-Congo, the Government-led partnership of all actors involved in the emergency committee was instrumental in accelerating and enhancing emergency response. The maintenance of a minimal international and national presence in the country office during the war and the presence of national teams in the sub-offices made effective responses to immediate crises possible, while also allowing for ongoing monitoring of the situation of children and women.

Recommended programme cooperation, 2000–2002

Estimated total annual expenditure

(In thousands of United States dollars)

	2000	*2001*	*2002*	*Total*
General resources				
Primary health care	4 800	5 000	5 000	14 800
Basic education	3 400	3 400	3 400	10 200
Protection of children	1 000	1 000	1 000	3 000
Advocacy and social planning	1 800	1 800	1 800	5 400
Intersectoral expenditures	4 139	4 237	4 254	12 630
Subtotal	**15 139**	**15 437**	**15 454**	**46 030**
Supplementary funding				
Primary health care	2 500	2 500	2 500	7 500
Basic education	1 800	1 800	1 800	5 400
Protection of children	1 200	1 200	1 200	3 600
Advocacy and social planning	500	500	500	1 500
Intersectoral expenditures	500	500	500	1 500
Subtotal	**6 500**	**6 500**	**6 500**	**19 500**
Total	**21 639**	**21 937**	**21 954**	**65 530**

Development of the country programme

16. To keep in step with the Government planning cycle and the programming cycles of other United Nations agencies, the programme of cooperation will cover a three-year period (2000–2002). The principal underlying assumption of this programme is that the war and current occupation of part of the country will have ended before the year 2000. However, until the return of normal conditions, the Government has authorized humanitarian activities in the occupied zones. The proposed programme, essentially one of rehabilitation and reconstruction, is sufficiently flexible and realistic to be adapted, if necessary, to a less favourable and more unstable context.

17. This programme was developed jointly with the Government under the auspices of the Ministry for International Cooperation and in collaboration with other development partners.

Objectives and strategies

18. The main objectives are to contribute to: (a) promoting the implementation and monitoring of conventions relating to the rights of children and women in the process of national reconstruction; (b) ensuring respect for children's rights to survival and development, particularly those children in need of special protection measures; (c) rehabilitating or restoring basic services at reasonable cost; (d) developing relevant social policies that address the real needs of the country; and (e) responding to future emergencies.

19. Making communities accountable in partnership with actors from civil society will continue to be the key strategic approach to implementation and ensuring the sustainability of results. Consolidating partnerships with other participating agencies will foster synergy of actions and geographic convergence. The provision of services and the building of national capacities will remain the key strategies in support of national reconstruction efforts.

20. Other elements of programme strategy include the integration of social mobilization in all programmes, consideration of gender issues, promotion of behavioural change, strengthening emergency preparedness and development of a programme funding strategy.

Primary health care

21. This programme will seek to revitalize services by emphasizing the provision of replicable integrated care at reasonable cost and accountability of the population. The *expanded programme on immunization* (EPI) project, national in scope, will have as its goal the immunization of 60 per cent of all children under the age of one year in accessible areas. At the provincial level the project will contribute to re-equipment, strengthening of planning, social mobilization, and organization of advanced strategy. It will also support the organization, through supplementary funding, of annual national poliomyelitis and measles vaccination days at which vitamin A supplements will also be provided. These actions will make it possible to immunize at least 80 per cent of the 10 million children under the age of five. The project to *strengthen health districts* will make it possible to expand the activities under way in Bas-Congo, Kasai Occidental and Kinshasa provinces in order to revitalize 200 health centres in 13 health zones. This project is aimed at promoting and implementing an integrated package of quality health services, including integrated care for sick children, combating HIV/AIDS and STDs in young people, reproductive health care (including emergency obstetrical services in local hospitals) and an anti-malaria campaign. Project activities will involve improving the quality of services and rationalizing the supply and utilization of essential medicines and medical supplies. Wherever possible, they will encourage the implementation of community co-financing and co-management. The *nutrition* project will consolidate the gains achieved in combating iodine, vitamin A and iron deficiencies and will promote breastfeeding. The community-based nutrition component, at a more basic level than the revitalized health centres, will foster the development of a participatory combined health/nutrition approach.

Basic education

22. The goal of this programme is to enhance the opportunities available to parents to provide their children with quality basic education. The *education* project is aimed at increasing educational supply and demand, thereby making it easier for children to enter and remain in school. It will target 250 primary schools in eight provinces and will develop intersectoral links with health activities in the zones being revitalized. Activities will include: (a) school rehabilitation; (b) provision of equipment; (c) teacher and principal training; (d) statistical data collection; (e) parental involvement in co-management; and (f) national capacity-

building. The *lifelong education* project will support the preceding project and will be aimed at better adapting curricula to the daily needs of children, adolescents, and their families, with emphasis on the prevention of STDs and HIV/AIDS and on peace education. Pre-school children will be targeted through parental education, while adolescents in and out of school will be targeted through youth associations. Project activities will include: (a) sensitization and training of parents so that they can meet their children's needs at different stages of development; (b) use in schools and associations of informational materials developed under the preceding programme, in order to promote responsible sexuality and the integration of specific messages concerning peace education; and (c) educator and teacher training.

Protection of children

23. This programme comprises two projects which will be chiefly financed through supplementary funding. It will help to ensure respect for and the exercise of the rights of children in especially difficult circumstances by enhancing their access to basic health and educational services and by improving the protection and care provided to them through the creation of an appropriate legal and social framework. The *child soldiers* project is designed to ensure advocacy for the protection of children in armed conflicts, the regulation of minimum recruitment ages and the implementation of social and familial reintegration programmes. The project on *children in need of special protection measures* will target two groups of children at risk who are economically exploited or in moral danger, namely children in mines and street children. Activities directed at children working in mines will concentrate on the enforcement of child-labour laws, the creation of child worker networks and family accountability. To ensure the social reintegration of street children, efforts will be made to build technical capacities for implementing social policies, enhance the professionalism of civil society organizations responsible for psycho-social guidance and mental health, and make communities and families accountable for the development and protection of the most disadvantaged children.

Advocacy and social planning

24. This is an intersectoral programme aimed at: (a) ensuring advocacy for the effective implementation and monitoring of the two Conventions; and (b) supporting the development of appropriate social policies that are in line with the real needs of the country. An initial project has been proposed to strengthen the capacities and functioning of the women's and children's councils at the national and provincial levels in the areas of advocacy, information collection, monitoring and evaluation. It will support studies to enrich the review and analysis of gains achieved and to mobilize communities to integrate women in the process of national reconstruction. A second project will be aimed at incorporating the child's perspective in social planning. It will foster the collection of data and enable the monitoring and evaluation of progress towards the decade goals and UNICEF cooperation goals. A multiple-indicator survey will be undertaken in 2000, along with a study of the situation of children and women. Many surveys and studies will be completed to support the development of appropriate social policies, while building national socio-economic research capacities.

Programme management and collaboration with other partners

25. Under the auspices of the United Nations Resident Coordinator, UNICEF will engage in inter-agency coordination with a view to identifying concerted positions and strategies. In implementing emergency programmes, cooperation will be pursued with the Office of the Coordinator for Humanitarian Assistance, the United Nations High Commissioner for Refugees, the World Food Programme, the World Health Organization and the United Nations Development Programme, under the supervision of the Coordinator for Humanitarian Assistance. In the area of programme implementation, partnership will be strengthened with the European Union, the Governments of Canada, France, Italy, the Netherlands, the United Kingdom and the United States of America and NGOs.

26. Programme coordination will be provided by the Ministry of International Cooperation. Seven sub-offices will play a pivotal role in the programme's implementation and ensuring its acceptance by provincial authorities and civil society, and will foster capacity-building. This will justify their consolidation and the opening of an office in Kisangani for Orientale province. The planning, monitoring and evaluation section will be strengthened in order to implement the integrated monitoring and evaluation plan and the sectoral and intersectoral plans of action, ensure the identification and monitoring of programme indicators and support joint annual reviews.

27. The proposed activities will be funded primarily from general resources and supplementary funding approved by the Executive Board. However, depending on developments

in the national situation, additional supplementary funding could be mobilized by means of the United Nations Consolidated Inter-Agency Appeal in order to respond rapidly to emergency situations not foreseen at the time the present document was prepared.

TABLE

COUNTRY : DEM REP OF CONGO
PROGRAME : 2000-2002

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
PRIMARY HEALTH CARE	14,800,000			14,800,000	0	0	1	1	0	0	2	3	2	7	1,380,124	649,166	2,029,290
BASIC EDUCATION	10,200,000			10,200,000	0	0	0	1	0	0	1	1	1	3	634,743	203,501	838,244
CHILD PROTECTION	3,000,000			3,000,000	0	0	0	1	0	0	1	1	2	4	634,743	265,262	900,005
ADVOCACY AND SOCIAL PLANNING	5,400,000			5,400,000	0	0	1	0	1	0	2	2	1	5	1,294,401	345,241	1,639,642
CROSS-SECTORAL COSTS	12,630,000			12,630,000	0	0	0	2	3	0	5	8	38	51	2,916,566	3,186,544	6,103,090
TOTAL GR	46,030,000			46,030,000	0	0	2	5	4	0	11	15	44	70	6,860,557	4,649,714	11,510,271
SUPPLEMENTARY FUNDING :																	
PRIMARY HEALTH CARE		0	7,500,000	7,500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
BASIC EDUCATION		0	5,400,000	5,400,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILD PROTECTION		0	3,600,000	3,600,000	0	0	0	0	0	0	0	0	0	0	0	0	0
ADVOCACY AND SOCIAL PLANNING		0	1,500,000	1,500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS		0	1,500,000	1,500,000	0	0	0	1	0	0	1	0	3	4	634,743	230,563	865,306
TOTAL SF		0	19,500,000	19,500,000	0	0	0	1	0	0	1	0	3	4	634,743	230,563	865,306
TOTAL GR & SF	46,030,000	0	19,500,000	65,530,000	0	0	2	6	4	0	12	15	47	74	7,495,300	4,880,277	12,375,577
SUPPORT BUDGET			Operating costs Staffing	1,079,280	0	1	1	2	1	0	5	3	9	17	3,425,001	955,571	4,380,572
GRAND TOTAL (GR + SF + SB)					0	1	3	8	5	0	17	18	56	91	10,920,301	5,835,848	16,756,149
	Number of posts and staff costs: Current programme cycle At the end of proposed programme cycle (indicative only)										22 17	15 18	46 56	83 91	10,920,301	5,835,848	16,756,149

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = International Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.